PTOREMO (12-04)
Approved for use through TIB 12006, ONE 0051-0032
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to a codection of Information unless it displays a walk OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											
APPLICATION AS FILED - PART 1 (Cotumn 1) (Cotumn 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
	FOR	1	· NUMBER FILED		XTRA	8/	(TE (I)	FEE (1)		RATE (1)	99m)_
BASIC FEE		. NA	N/A				NVA	<u> </u>		1411	
DI CFR 1.16(4), (6), 64 (4) SEARCH FEE DI CFR 1.16(4), (7), 64 (44)		NVA		NVA			NVA			My G	
EXAMINATION FEE (3) CFR 1.16(4), (6), or (4)		NA		NVA		_	N/A]	H/Y	qu
TOTAL CLAIMS 07 CFR 1.16(1)		minus 20. =				×			on	Х =	
MOEPENDENT CLAIMS		minus 3 =		<u> </u>		X	· •		4	X . e	
APPLICATION SIZE REE (DT CR 1.16(s)) APPLICATION SIZE (B) APPLICATION SIZE (B) APPLICATION SIZE (B) STEPPING SIZE (B) APPLICATION SIZE (B) STEPPING SIZE (B) APPLICATION SIZE (B) STEPPING SIZE (B					fre que di ol. Soo				. ",	:	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							NUA		1	N/A.	(20
" If the difference in column 1 is less than zero, onter "0" in column 2.							TOTAL	L		JATOT	400
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY (Column 1) SMALL ENTITY OR OTHER THE SMALL ENTITY OT											
×		CLAINS		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI- TIONAL FEE (3)
ENDMENT	Total	14	Mirrue .	14	•	×			CR	×	
	Processions (-/-	Minus	-	· / ·	×		<u> </u>	A or	x	//
掣	Application State Fee (3) Criticitation							 	\exists		/
AM	FIRST PRESENTATION OF MALTERLE DEPENDENT CLAIM (3) CFR 1.16(1)					L	N/A		OR	TOTAL /	4
1				,			TOTAL ADD L FEE		OF		
		(Column 1) (Column 2) (Column 3)							 ,	· 	-1
1.8		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		(t) TÍAN	ADDI- TIONA FEE (1	L	RATE (%)	ADDI TIORIAL FEE (S)
Ä	Total CECRLINE	•	Minus		=		x	=	0	R X	F 7
D Q	Independent of Criticol		tuning	***	•		x		•	R X	=
AMEN	Application Size Fee (3) Of 1 (1/4)							<u> </u>			
12	FIRST PRESENTATION OF MILTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))						NVA	_	°	R NA	
			1/2			٠.	TOTAL ADO'L FE	E	C	R ADDL FE	E
1			an the enti	y In column Z, wi	tte 10° in colum	n 3:				٠.	

* 8 the entry in column 1 is loss than the entry in column 2, write "0" in column 3.

** If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

** If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

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